

DHHS SMALL BUSINESS REVIEW FORM

Date Received by Small Business Office (SBO): _____
SBO Control Number, if applicable: _____

A. Project Information

1. Solicitation Number: _____ Acquisition Instrument Proposed/Contract Type: <input type="checkbox"/> Contract No: <input type="checkbox"/> Departmental IDIQ No: <input type="checkbox"/> GSA Schedule No: <input type="checkbox"/> GWAC Contract No:	2. Contracting Office: (CO/CS Name, OPDIV, Bldg., Room, Telephone, Fax, e-mail.)
3. Brief Description of Services or Products to be Procured:	4. Total Estimated Dollar Value, including Options:
	5. Period of Performance, including Options:

B. Project Considerations

6. 2002 NAICS Code: _____ Dollars: _____ No. of Employees: _____	7. <input type="checkbox"/> New Requirement <input type="checkbox"/> Recompensation <input type="checkbox"/> Similar Requirement Acquisition History: Previous Contract Number: _____ Award Date: _____ Total Amount of Contract Award: _____ Contractor Name: _____ Contractor Size/Type of Ownership: _____ Previous SIC/NAICS Code/Size Standard: _____ Number of Technically Acceptable Offers from Small Business: _____ Comments: _____
8. Bundling/Consolidation: <input type="checkbox"/> N/A: <i>Below established threshold: FAR 7.104(d)(2)</i> Yes No <input type="checkbox"/> <input type="checkbox"/> Is requirement consolidated? If yes, attach supporting documentation <input type="checkbox"/> Project Officer has certified the bundling status.	

9. Efforts Made to Locate Sources within last 12 months: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">CO</td> <td style="width:10%; text-align: center;">SBS</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Review of Prior or Similar Acquisition</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Contracting Officer</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Program Office</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>FedBizOpps Sources Sought (Copy Attached)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other Market Survey/Research Efforts, Sized Source List Attached</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Small Business Office/Small Business Specialist</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>OSDBU</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>CCR (formerly SBA PRO-Net and SUB-Net)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other: _____</td> </tr> </table>	CO	SBS		<input type="checkbox"/>	<input type="checkbox"/>	Review of Prior or Similar Acquisition	<input type="checkbox"/>	<input type="checkbox"/>	Contracting Officer	<input type="checkbox"/>	<input type="checkbox"/>	Program Office	<input type="checkbox"/>	<input type="checkbox"/>	FedBizOpps Sources Sought (Copy Attached)	<input type="checkbox"/>	<input type="checkbox"/>	Other Market Survey/Research Efforts, Sized Source List Attached	<input type="checkbox"/>	<input type="checkbox"/>	Small Business Office/Small Business Specialist	<input type="checkbox"/>	<input type="checkbox"/>	OSDBU	<input type="checkbox"/>	<input type="checkbox"/>	CCR (formerly SBA PRO-Net and SUB-Net)	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	10. Acquisition Method <input type="checkbox"/> 8(a) Sole Source <input type="checkbox"/> 8(a) Competitive <input type="checkbox"/> HUBZone Sole Source <input type="checkbox"/> HUBZone Set Aside <input type="checkbox"/> Service-Disabled Veteran-owned <input type="checkbox"/> Total Small Business Set-Aside <input type="checkbox"/> Partial Small Business Set-Aside <input type="checkbox"/> Buy Indian (25 USC 47) <input type="checkbox"/> Very Small Business Set-Aside <input type="checkbox"/> JOFOC (Authority): _____ <input type="checkbox"/> No Reasonable expectation of obtaining 2 or more SB offers. <input type="checkbox"/> Other (explain): _____
CO	SBS																														
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<input type="checkbox"/>	<input type="checkbox"/>	Other: _____																													

11. Synopsis: <input type="checkbox"/> Yes <input type="checkbox"/> No. Per FAR 5.202 <input type="checkbox"/> FEDBIZOPPS	12. Other Considerations that apply to the Solicitation: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Subcontracting Plan*</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>SDB Preference*</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>SDB Plan*</td> </tr> </table> Other: _____ <i>*When required in accordance with FAR 19.704. If No, send waiver with SBA & SBS concurrence w/justification to OSDBU before RFP is issued.</i>	Yes	No	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subcontracting Plan*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDB Preference*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDB Plan*
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C. Project Review & Approval

13. Contracting Officer: _____ Signature Date	14. Small Business Specialist: <input type="checkbox"/> Concur <input type="checkbox"/> Nonconcurrency: _____ Signature Date	15. SBA Procurement Center Representative: <input type="checkbox"/> Concur <input type="checkbox"/> Nonconcurrency: _____ Signature Date
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SMALL BUSINESS REVIEW FORM INSTRUCTIONS

PROJECT INFORMATION (ITEMS 1 – 5)

1. Enter the solicitation number. Indicate acquisition instrument/contract type by checking appropriate box. Enter the contract number, if known.
2. Enter Contracting Officer/Specialist (CO/CS) Name, OPDIV, Building, Room, Telephone, Fax and e-mail.
3. Enter the item/service description or project title.
4. Enter the total estimated dollar value of the contract, including all options.
5. Enter the period of performance, including any option periods.

PROJECT CONSIDERATIONS (ITEMS 6 – 12)

6. Enter appropriate North American Industrial Classification System (NAICS) code. Based on the assigned NAICS, enter either the applicable Number of Employees or Average Annual Receipts.
7. Check box for "New Requirement" if this is a first time acquisition for products/services.

Check box for "Recompetition" if this is a recompetition of a previous acquisition.

Check box for "Similar Requirement" if this is an acquisition where the technical requirements and scope are similar.

Enter history. For Type of Ownership, Isit SDB, 8(a), SB, WOSB, VOSB, SDVOSB or HUBZone as applicable.
8. Indicate response to Bundling/Consolidation. *[Note, FAR 7.104(d)(2) identifies threshold for applicability.]* If the total contract value is estimated below this threshold, check N/A. If this requirement is the result of consolidation or bundled requirements, the SBS must notify the HHS OSDDBU for concurrence. Additionally, the Project Officer must certify (with concurrence at one level above) whether or not the action is bundled in accordance with the 4/15/2003 memorandum from the Acting Deputy Assistant Secretary for Grants and Acquisition Management, DHHS. If the action is bundled, the certification must be signed by the PO and PO's immediate supervisor and included in the Request for Contract document.

9. Check the appropriate box(es) indicating all of the resources used to identify potential sources that support the acquisition method recommended in Item 10. Include/Attach supporting documentation for each effort. *[Note: SBS will not accept market surveys conducted more than 12 months prior to date of this requirement.]*
10. CO/CS – Check the appropriate box(es) indicating the acquisition method determined.
11. Check appropriate box and refer to FAR 5.202 for specific exemptions.
12. CO/CS – Check yes or no where other considerations apply. If NO for Subcontract Plan, SDB Plan and/or the SDB Preference, attach the approved waiver. SBA/SBS concurrence is required. In addition, the justification for the waiver should be forwarded to OSDDBU prior to release of the solicitation. *[See FAR Parts 19.1101 & 19.1202 for additional information.]*

PROJECT REVIEW & APPROVAL (ITEMS 13 – 15)

13. The CO will make a determination, sign and date.
14. The SBS will sign and date this block and indicate concurrence or nonconcurrence with the method of acquisition determined by the CO. If the SBS doesn't concur, the SBS will recommend another method of acquisition and forward supporting documentation to CO.
15. Only the SBA/PCR shall sign and date this block indicating concurrence or nonconcurrence with the method of acquisition determined by the CO. If the SBA/PCR doesn't concur, the SBA/PCR will recommend another method of acquisition or will initiate the SBA SF 70 appeal process and forward supporting documentation to the CO.

NOTE: In order for the Small Business Office to conduct a comprehensive review of each acquisition, at a minimum, the documentation forwarded by the CO/CS should include:

1. The statement of work, including evaluation criteria and the Government cost estimate.
2. Documentation reflecting market research/survey efforts, including source list(s) identifying the size and type of firms.
3. A copy of any justification for other than 8(a), HUBZone or small business consideration that might be applicable to the subject acquisition plan.